



Linda McCulloch, Superintendent
Montana Office of Public Instruction
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Time Sheet

Name: _____

Pay Period Ending: _____ Budget #: 658

Week #1

(Breakdown of Hours)

| | Date | Location/Activity | Prep Hours | Travel Hours | Coaching Hours | Training Hours | Total Hours |
|--------|------|-------------------|------------|--------------|----------------|----------------|-------------|
| Sat. | | | | | | | |
| Sun. | | | | | | | |
| Mon. | | | | | | | |
| Tues. | | | | | | | |
| Wed. | | | | | | | |
| Thurs. | | | | | | | |
| Fri. | | | | | | | |
| Totals | | | | | | | |

Breakdown of prep hours: _____

Week #2

(Breakdown of Hours)

| | Date | Location/Activity | Prep Hours | Travel Hours | Coaching Hours | Training Hours | Total Hours |
|--------|------|-------------------|------------|--------------|----------------|----------------|-------------|
| Sat. | | | | | | | |
| Sun. | | | | | | | |
| Mon. | | | | | | | |
| Tues. | | | | | | | |
| Wed. | | | | | | | |
| Thurs. | | | | | | | |
| Fri. | | | | | | | |
| Totals | | | | | | | |

Breakdown of prep hours: _____

Signature: _____

Date: _____

*Time Sheets must be submitted by the Thursday before payday to Cheryl Heldt at cheldt@mt.gov or to OPI Title I, Box 202501, Helena, MT 59620-2501.